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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Chamberlain/Oacoma SUN		2. DATE: 9-21-2017
3. FREQUENCY OF ISSUE: weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $: $40
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 116 S Main, Chamberlain, SD 57325		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): 116 S Main, Chamberlain, SD 57325		
6. FULL NAME OF PUBLISHER: Lucy and Kim Halverson		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: K.L.H., LLC Lucy & Kim Halverson		COMPLETE MAILING ADDRESS: 116 S Main, Chamberlain, SD 57325
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1400	1400
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	620	615
2. Mail Subscription (Paid and or requested)	603	572
3. Paid Electronic Copies	27	30
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1250	1217
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	16	16
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	55	55
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1321	1288
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	29	52
2. Return from News Agents	50	60
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1400	1400

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Lucy H
(Signature)

Publisher
(Title)

State of South Dakota)
§
County of Lyman)

Sworn to before me this 27 day of Sept, 20 17

Notary Public

(Seal)

MICHAEL J SPRENGER
NOTARY PUBLIC
SOUTH DAKOTA

My commission expires: MICHAEL J. SPRENGER
NOTARY PUBLIC - SOUTH DAKOTA
My Commission Expires
March 27, 2022

Form: SOS REG 05 1 9/2016